

EQUINE FOETAL POST MORTEM CONSENT FORM

PH:

Date: _____

Time: _____

Lab File No: _____

Owner

Full name: _____

Address: _____

Phone (W): _____

Phone (H): _____

Phone (M): _____

Email: _____

Referring Vet: _____

Animal details

Mare's name: _____

Last service date: _____

PM requested by: _____

Veterinarian: _____

Insurance Co: _____

Stud / Stable: _____

Consent /

Communication: _____

History

How was the foal/foetus delivered?

C-section Assisted delivery Red Bag Delivery Normal Not observed

Have there been previous abortions on this farm this year?

No Yes – Dates: _____

Has the mare had discharge?

No Yes Unknown

Previous medication given to mare:

Drug	Dose	Frequency

What are the mares current vaccinations? _____

Does the mare have premature lactation? _____

Does the mare have any other health issues? _____

I/We _____ (Owner/Agent) give consent for a post-mortem examination to be performed on the above named animal by and shall settle all charges incurred.

Signed: _____ (Owner/Agent) Date: _____

Verbal Consent/Authorisation on behalf of: _____ Signed: _____